

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/937347	FILING DATE 24 SEP 2001		
							APPLICANT(S) <i>Bayer</i>			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1			/				51			
2			/				52			
3			/				53			
4			/				54			
5			/				55			
6			/				56			
7			/				57			
8			/				58			
9			/				59			
10			/				60			
11			/				61			
12			/				62			
13			/				63			
14			/				64			
15			/				65			
16			/				66			
17			/				67			
18			/				68			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			4				TOTAL IND.			
TOTAL DEP.		20					TOTAL DEP.			
TOTAL CLAIMS		24					TOTAL CLAIMS			